

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390097	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/15/2023
NAME OF PROVIDER OR SUPPLIER: HOLY REDEEMER HOSPITAL STATE LICENSE NUMBER: 083901		STREET ADDRESS, CITY, STATE, ZIP CODE: 1648 HUNTINGDON PIKE MEADOWBROOK, PA 19046			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
P 0031	This report is the result of a Department of Human Services, Chapter 5100 Mental Health Procedures Act Survey conducted on August 15, 2023, at Holy Redeemer Hospital. It was determined the facility was not in compliance with requirements of the Chapter 5100 Mental Health regulations.	P 0031			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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P 0031	Continued from page 1 5100.23 (c) Admission and Commitment 5100.23 WRITTEN APPLICATION, PETITIONS, STATEMENTS AND CERTIFICATIONS (c) Substitutions for such forms occurs only with prior written approval from the Deputy Secretary for Mental Health. This REGULATION is not met as evidenced by:	P 0031	Corrective actions will be implemented to ensure that no substitutions are made on the Form MH-781. 1. All substitute Form MH-781 were removed from the unit on August 18, 2023 by the SBHU Program Director. 2. Nursing and social work staff involved in the admission process will be educated on the policy and requirements for not making substitutions on the Form MH-781. a. The SBHU Program Director will educate the SBHU social workers on the above requirement on August 24, 2023. b. The Nurse Manager will educate Nursing staff on the above requirement between August 24, 2023 and August 31, 2023. 3. 100% of all SBHU charts will be reviewed by staff, as designated by the Program Director, to check for compliance with the use of original	Completion Date: 09/01/2023 Status: APPROVED Date: 08/25/2023	

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P 0031	Continued from page 2	P 0031	<p>Form MH- 781 during the first 90 days of monitoring. Once compliance has been 100% for three consecutive months, we will review 30 SBHU charts per quarter. Results of all chart reviews will be aggregated and reported to the Senior Behavioral Health Unit Medical Director, the Chief Nursing Officer and the Hospital Quality and Performance Committee. Monitoring will begin on 09/01/2023 and ongoing thereafter as delineated above.</p> <p>Ultimate responsibility for implementation of the Corrective Action Plan: Chief Nursing Officer.</p>		

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P 0031	<p>Continued from page 3</p> <p>Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to obtain prior written approval from the Deputy Secretary for Mental Health, for the substitution of form MH-781 voluntary commitment form.</p> <p>Findings include:</p> <p>On August 15, 2023, surveyor requested the facility's prior written approval from the Deputy Secretary for Mental Health, to substitute the mandated MH-781 voluntary commitment form. None was provided.</p> <p>Review on August 15, 2023, of facility document "Consent for Voluntary Inpatient Treatment" revealed the document was a substitution of the MH-781 form mandated by the Department. This was evidenced by the sections "Description of Proposed Treatment Plan" and "Description of Proposed Restrictions and Restraints" were pre-filled with proposed treatments and restrictions.</p>	P 0031			

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P 0031	Continued from page 4 Interview with EMP1 and EMP2 on August 15, 2023, at 2:07 PM confirmed the "Consent for Voluntary Inpatient Treatment" was not the MH-781 form mandated by the Department and confirmed the facility utilized pre-filled forms and confirmed they had not requested prior written approval from the Deputy Secretary for Mental Health for approval to substitute the forms.	P 0031			



Certified End Page

HOLY REDEEMER HOSPITAL
STATE LICENSE NUMBER: 083901
SURVEY EXIT DATE: 08/15/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY